## LOBBYIST ANNUAL REPORT FORM

THIS SPACE FOR OFFICE USE ONLY



State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

L-2 LOBBYISTS (Sec. 67-6619)

d3 APR 28 PM 3: 52

SECRETARY OF STATE STATE OF IDAHO

	;		rint clearly) at bottom of page							
	st's name and p	ermanent busine	ss address		Date pre	parcd		Period cov	red	
	ristophe	-	Mathias						year ending	
1910 University Dr.					4-23-03			(Mo.)	(Day) (Yr.)	
B	oise, I	0 837	25		<u>'</u>		<u>.                                    </u>	4	30 0	3
Item 1	Totals	of all reportab	le expenditures made o	r incurred by Lobb	yist or by I	obbyist's Empl	oyer on behalf	of Lobbyist	s Employer.	
Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity			Total Expenditure	Proportionate amounts contributed by each employer (Idem 3, at hettom of page.)			oyer ( <b>Identify</b> e	dentify employers, under		
	On Not Have to be			Employer No. 1	Er	nployer No. 2	Employer N	o. 3	Employer No. 4	<u> </u>
	ainment ınd Refreshme	ant	s <u>C</u>	s <u>O</u>	s		s	s		_
Living	Accommodati	ions		0	_	<del></del>		.		<u></u>
Adver	tising		<u> </u>	0	_   _	<del> </del>		-		_
Travel				0	_			-		<del></del>
Telept	none		<u>O</u>	<u> </u>	_					<del></del>
Office	Expenses			$-\frac{Q}{\lambda}$						_
Other	Expenses or S	ervices			_	<del></del>				_
			<u> </u>							<del></del>
		Total	s	s <u>O</u>	_   s _		s	s		<del></del>
Item	The totals of	of each expend	iture of more than fifty	dollars (\$50) for a	legislator o	r other holder o	f public office.			
	Date		Place	A	nount	Names o	f Legislators & F	ublic Offici	als in Group	
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┌┴	Conducte on a	attached page(s)	RUCTIONS		Item	c.	npkryer(s) Name	(s) and Adde	resules)	
<u></u>		IV91	RUCTIONS		3	- Associat				<u>. (r</u> +r
	ho should file -6617 Idaho C		my lobbyist registered t	mder Section	No. I	7550CIQT	ersity O	r. Be	ise, IO	83725
F	ling deadline	: Annual repo	rt is due on January 31	st.	No. 2					
T	BE FILED		V							
			Sen Ysursa retary of State		No. 3					-
			Box 83720		<b></b>	<del>''</del>				<del></del>

Phone: (208) 334-2852 Fax: (208) 334-2282

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Ben

No. 4

4	Date Amount	ator, or for or on behalf of any legislator.  Name of Legislator Receiving or Benefited							
	\$1183 HCR 30	r legislative activity in which	LEGISLATIVE SUI  Cede Subject  Ol Agriculture, horticulture, farming, and livestock  Ol Amusements, games, athletics and sports  Ol Banking, finance, credit and investments  Ol Children, minors, youth, senior citizens  Ol Consumer affairs  Ol Consumer affairs  Ol Ecology, environment, pollution, conservation, zoning, land and water use  Beducation  Beducation  Equal rights, civil rights, minority affairs  In Government, financing, taxation, revenue, budget, appropriations, bids, frees, funds  Government, county  Government, frederal  Government, special districts  Government, special districts  Government, state	BJECT IDENTIFICATION  Code Subject  17 Health service, medicine, drugs and controlled substances, health insurance, hospitals  18 Higher education  19 Housing, construction, codes  10 Insurance (excluding health insurance)  21 Labor, salaries and wages, collective bargaining  22 Law enforcement, courts, judges, crimes, prisons  23 License, permits  24 Liquor  25 Manufacturing, distribution and services  26 Natural resources, forest and forest products, fisheries, mining and mining products  27 Public lands, parks, recreation  28 Social insurance, unemployment insurance, public assistance, workmen's compensation  29 Transportation, highways, streets and roads  30 Utilities, communications, televisions, radio, newspaper, power, CATV, gas  31 Other (please specify)					
			Employer No. 1 signat	W 4 30 03					
RTI	IFICATION: I hereby certify that the statement in accordance with Section	ne above is a true, complete and on 67-6624 Idaha Code.	Employer No. 2 signat	we Date					
	10/10/	1 (	Employer No. 3 signat	ure Date					